

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b>				<b>1. Requisition Number</b> SEE SCHEDULE		<b>Page</b> 1 <b>Of</b> 4	
<b>Offeror To Complete Block 12, 17, 23, 24, &amp; 30</b>							
<b>2. Contract No.</b> DAAE20-99-D-0030		<b>3. Award/Effective Date</b> 1999NOV12		<b>4. Order Number</b> 0005		<b>5. Solicitation Number</b>	
<b>6. Solicitation Issue Date</b>							
<b>7. For Solicitation Information Call:</b>		<b>A. Name</b> DONNA WEBB		<b>B. Telephone Number (No Collect Calls)</b> (309) 782-3941		<b>8. Offer Due Date/Local Time</b>	
<b>9. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CTT ROCK ISLAND IL 61299-7630  <b>e-mail:</b> WEBBD@RIA.ARMY.MIL		<b>Code</b> W52H09		<b>10. This Acquisition Is</b> <input checked="" type="checkbox"/> Unrestricted <input type="checkbox"/> Set Aside: % For <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadv Business <input type="checkbox"/> 8(A) <b>SIC:</b> 3563 <b>Size Standard:</b>		<b>11. Delivery For FOB Destination Unless Block Is Marked</b>	
						<input type="checkbox"/> See Schedule	
						<input checked="" type="checkbox"/> <b>13a. This Contract Is A Rated Order Under DPAS (18 CFR 700)</b>	
						<b>13b. Rating</b> DOC9	
				<b>14. Method Of Solicitation</b>		<input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
<b>15. Deliver To</b> SEE SCHEDULE		<b>Code</b>		<b>16. Administered By</b> DCMC BALTIMORE 217 EAST REDWOOD ST SUITE 1800 BALTIMORE MD 21202-5299			
<b>Telephone No.</b>				<b>Code</b> S2101A			
<b>17. Contractor/Offeror</b> LBS CORPORATION 11408 PULASKI HIGHWAY WHITE MARSH, MD 21162-1512		<b>Code</b> 08TC8		<b>Facility</b>		<b>18a. Payment Will Be Made By</b> DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264	
<b>Telephone No.</b>				<b>Code</b> HQ0338			
<input type="checkbox"/> <b>17b. Check If Remittance Is Different And Put Such Address In Offer</b>		<b>18b. Submit Invoices To Address Shown In Block 18a Unless Block Below Is Checked</b> <input type="checkbox"/> See Addendum					
<b>19. Item No.</b>		<b>20. Schedule Of Supplies/Services</b>			<b>21. Quantity</b>		<b>22. Unit</b>
		SEE SCHEDULE					
		(Attach Additional Sheets As Necessary)					
<b>25. Accounting And Appropriation Data</b> SEE ADDENDUM					<b>26. Total Award Amount (For Govt. Use Only)</b> \$36,570.00		
<input type="checkbox"/> <b>27a. Solicitation Incorporates By Reference FAR 52.212-1, 52.212-4, FAR 52.212-3 And 52.212-5 Are Attached.</b>					<input type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.		
<input checked="" type="checkbox"/> <b>27b. Contract/Purchase Order Incorporates By Reference FAR 52.212-4, FAR 52.212-5 Is Attached. Addenda</b>					<input checked="" type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.		
<b>28. Contractor Is Required To Sign This Document And Return _____ Copies</b> <input type="checkbox"/> To Issuing Office. Contractor Agrees To Furnish And Deliver All Items Set Forth Or Otherwise Identified Above And On Any Additional Sheets Subject To The Terms And Conditions Specified Herein.					<b>29. Award Of Contract: Reference _____ Offer</b> <input type="checkbox"/> Dated _____. Your Offer On Solicitation (Block 5) Including Any Additions Or Changes Which Are Set Forth Herein Is Accepted As To Items:		
<b>30a. Signature Of Offeror/Contractor</b>					<b>31a. United States Of America (Signature Of Contracting Officer)</b>		
<b>30b. Name And Title Of Signer (Type Or Print)</b>		<b>30c. Date Signed</b>		<b>31b. Name Of Contracting Officer (Type Or Print)</b> HOWARD LEWIS LEWISH@RIA.ARMY.MIL (309) 782-3506		<b>31c. Date Signed</b>	
<b>32a. Quantity In Column 21 Has Been</b>  <input type="checkbox"/> Received <input type="checkbox"/> Inspected <input type="checkbox"/> Accepted And Conforms To The Contract Except As Noted				<b>33. Ship Number</b>		<b>34. Voucher Number</b>	
				<input type="checkbox"/> Partial <input type="checkbox"/> Final			
<b>32b. Signature Of Authorized Government Representative</b>				<b>32c. Date</b>		<b>35. Amount Verified Correct For</b>	
<b>36. Payment</b> <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final				<b>37. Check Number</b>			
<b>38. S/R Account Number</b>				<b>39. S/R Voucher Number</b>		<b>40. Paid By</b>	
<b>41a. I Certify This Account Is Correct And Proper For Payment</b>				<b>42a. Received By (Print)</b>			
<b>41b. Signature And Title Of Certifying Officer</b>				<b>41c. Date</b>		<b>42b. Received At (Location)</b>	
						<b>42c. Date Recd (YYMMDD)</b>	
						<b>42d. Total Containers</b>	

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-99-D-0030/0005 MOD/AMD	Page 2 of 4
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Name of Offeror or Contractor: LBS CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001  0001AL	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u></p> <p>NSN: 0000-00-000-0000 NOUN: COMPRESSOR SECURITY CLASS: Unclassified PRON: M19A7301M1 PRON AMD: 01 ACRN: AA AMS CD: 534505321475345</p> <p><u>Packaging and Marking</u></p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H099292T617 W52H1B J 3 <u>DEL REL CD QUANTITY DEL DATE</u> 001 2 30-JUN-2000</p> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>PARCEL POST ADDRESS</u> (W52H1B) CONSOL PROP OFC ROCK ISLAND ARSENAL ROCK ISLAND IL 61299-5000</p> <p>MARK FOR: W80Y1H CMTH/SUTTON X0006 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-D-0030/0005</p>	2	EA	\$ 1,590.00000	\$ 3,180.00
0001AM	<p><u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u></p> <p>NSN: 0000-00-000-0000 NOUN: COMPRESSOR SECURITY CLASS: Unclassified PRON: T19A7V08M1 PRON AMD: 01 ACRN: AB CUSTOMER ORDER NO: M954509996002</p> <p><u>Packaging and Marking</u></p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H099306T617 W52H1B J 3 <u>DEL REL CD QUANTITY DEL DATE</u> 001 21 30-JUN-2000</p> <p>FOB POINT: Destination</p>	21	EA	\$ 1,590.00000	\$ 33,390.00

Name of Offeror or Contractor: LBS CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SHIP TO: <u>PARCEL POST ADDRESS</u> (W52H1B) CONSOL PROP OFC ROCK ISLAND ARSENAL ROCK ISLAND IL 61299-5000  MARK FOR: W80Y1H CMTH/SUTTON X0006 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-D-0030/0005				

**CONTINUATION SHEET**

Reference No. of Document Being Continued

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**PIIN/SIIN** DAAE20-99-D-0030/0005

MOD/AMD

**Name of Offeror or Contractor:** LBS CORPORATION

## CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG					JOB			
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>ORDER</u>	<u>ACCOUNTING</u>	<u>OBLIGATED</u>
								<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>
0001AL	M19A7301M1	AA	2	21	92035000096D6D02P53450531EA	S11116		97A301	W52H09	\$ 3,180.00
	534505321475345									
0001AM	T19A7V08M1	AB	2	17	91110962770310080200674432D06277100099MR96002					\$ 33,390.00
									TOTAL	\$ 36,570.00

SERVICE				ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>STATION</u>	<u>AMOUNT</u>
Army	AA	21 92035000096D6D02P53450531EA S11116		W52H09	\$ 3,180.00
Marine Corps	AB	17 91110962770310080200674432D06277100099MR96002			\$ <u>33,390.00</u>
				TOTAL	\$ 36,570.00